

Registrant's DUNS: _____

→ Company Name: _____

CENTRAL CONTRACTOR REGISTRATION APPLICATION

Register yourself on-line from our web site <http://www.acq.osd.mil/ec> or

Call the CCR Assistance Center toll free at 1-888-CCR-2423 8AM - 8PM EST for assistance.

Items preceded by an → are required. Applications with missing 'required' data will be returned causing unnecessary delays.

REGISTRATION QUESTIONNAIRE SCREEN: Please check () YES or NO for each:

	YES	NO
1. Does your organization have a parent or affiliate organization?	_____	_____
2. Do you use another organization or office to submit quotes?	_____	_____
3. Do you want orders sent to another address?	_____	_____
4. Does your organization have production or service sites other than your mailing address?	_____	_____
5. Does your organization or personnel comply with government security requirements?	_____	_____
6. Do you use the ISO and Quality Standards?	_____	_____
7. Does your organization have a Government Contract Administration Office?	_____	_____
8. Does your organization use a packager?	_____	_____
9. Are you Electronic Data Interchange capable?	_____	_____
10. Has your organization been certified as an 8(a) firm?	_____	_____

→ INITIAL REGISTRATION: REQUIRED

Dun & Bradstreet number (DUNS): _____ (Call D&B at 1-800-333-0505 if unsure)

Legal Business Name: _____ Postal Code: _____

Doing Business As: _____ Country: _____

Street: _____ County Name: _____

City: _____ Division Name: _____ (If Applicable)

State/Province: _____ Division Number: _____ (If Applicable)

→ GENERAL INFORMATION: REQUIRED

CAGE Code: _____ (If Applicable)

U.S. Federal TIN: _____ (Taxpayer ID No.)

Incorporated In: _____ (State or Country) Average number of Employees: _____

Date Business Started: _____ (MM-DD-YYYY) 3-Year Average Revenue: _____ (in U.S. Dollars)

Gov't Purchase Card: (One) Accept _____ Don't Accept _____ Accounting Period Closes: _____ (MM-DD)

Security (optional)

Security Level at Registering Party's Facility: (One) Top Secret _____ Secret _____ or Confidential _____

Employees Highest Security Clearance: (One) Top Secret _____ Secret _____ or Confidential _____

Security Level at Facility Where Work is Performed: (One) Top Secret _____ Secret _____ or Confidential _____

→ Individual Certifying the Registration: REQUIRED

Name: _____

Phone #: (_____) _____

Int'l Phone #: _____

Fax #: (_____) _____

Email: _____

→ Point of Contact for Information:

Name: _____

Phone #: (_____) _____

Int'l Phone #: _____

Fax #: (_____) _____

Email: _____

→ What is your preferred method for receiving CCR Notifications: REQUIRED (One) Fax _____ Mail _____ or E-mail _____

QUALITY STANDARDS: If not applicable leave blank. (all standards that apply.

Registrant's DUNS: _____

→ Company Name: _____

Approved Quality Standards:	DoD-STD-2168	_____	MIL-STD-1556B	_____
	ISO-9000	_____	MIL-STD-1586A	_____
	MIL-Q-9858	_____	MIL-STD-1629A	_____
	MIL-STD-105	_____	MIL-STD-1839A	_____
	MIL-STD-167-1	_____	MIL-STD-40001 (AT)	_____
	MIL-STD-831	_____	MIL-STD-45662	_____
	MIL-STD-980	_____		

If the applicable standard(s) is not listed, write the standards on the following blank lines.

PREVIOUS BUSINESS NAMES: *If not applicable leave blank.*

List all previously used business names on the following blank lines:

→TARGETED BUSINESS LOCATIONS: REQUIRED Choose as many states and/or countries as necessary. To select all states, write USA as a country (provide country names not regions). State abbreviations accepted.

Countries or States _____

Countries or States _____

SBA CERTIFIER: 8(A) FIRMS ONLY: *If not applicable leave blank.* Complete only if you are 8(A) Certified

Name of SBA Office: _____

SBA Point of Contact: _____

City: _____

Phone # (_____) _____

State: _____

PERFORMANCE LOCATIONS: *If not applicable leave blank.* Complete only if the performance location(s) is different than the registering party's address. Multiple iterations accepted, make as many copies as necessary.

DUN: _____

Name of Location: _____

Country: _____

Street: _____

Phone #: (_____) _____

City: _____

Int'l Phone #: _____

State/Province: _____

Fax #: (_____) _____

Postal Code: _____

Email: _____

PACKAGER: *If not applicable leave blank.* Complete only if the registering party uses another company to package their goods and they are listed on your federal contract/orders. Multiple iteration accepted, make as many copies as necessary.

DUNS: _____

Name of Packager: _____

Country: _____

Street: _____

Phone #: (_____) _____

City: _____

Int'l Phone #: _____

State/Province: _____

Fax #: (_____) _____

Postal Code: _____

Email: _____

GOVERNMENT CONTRACT ADMINISTRATION OFFICE: *If not applicable leave blank.* Enter the U.S. government contract office(s) responsible for the administration of U.S. government contract performed by the registering party. Multiple iterations accepted, make as many copies as necessary.

Registrant's DUNS: _____

→ Company Name: _____

Admin. Office: _____

Country: _____

Street: _____

Phone #: (____) _____

City: _____

Int'l Phone. #: _____

State/Province: _____

Fax #: (____) _____

Postal Code: _____

Email: _____

PARENT COMPANY AND AFFILIATES: *If not applicable leave blank.* Complete only if registering party has a Parent Company or Affiliate(s).

Parent Company Information

DUNS: _____

CAGE Code: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Federal TIN: _____ (Taxpayer ID No.)

Avg. No. of Employees: _____

3-Year Average Revenue: _____ in U.S. dollars)

Affiliate Information. Multiple iterations accepted, make as many copies as necessary.

DUNS: _____

CAGE Code: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Federal TIN: _____ (Taxpayer ID No.)

Avg. No. of Employees: _____

3-Year Average Revenue: _____ (in U.S. dollars)

→ **ADDITIONAL CONTACTS: REQUIRED.**

Authorized Financial Contact

Name: _____

Phone #: (____) _____

Fax #: (____) _____

Email: _____

Authorized Signature Contact

Name: _____

Phone #: (____) _____

Fax #: (____) _____

Email: _____

ADDITIONAL CONTACTS: *If not applicable leave blank.*

Contact: EDI Coordinator

Name: _____

Phone #: (____) _____

Fax #: (____) _____

Email: _____

Owner (only if contractor is an individual or sole proprietor)

Name: _____

Phone #: (____) _____

Fax #: (____) _____

Email: _____

→ **TYPE OF BUSINESS: REQUIRED.**

Type of organization: only one

Individual/Sole Proprietorship ____ Partnership ____ Corporation ____ S-Corporation ____ or None of these ____

Business size: only one. Small ____ or Other than Small ____

all that apply:

____ Tribal government

____ Municipality

____ Subgroup

____ Research Institute

____ Construction Firm

____ Minority Owned

____ Sheltered Workshop

____ Other Not-For-Profit Facility

____ Woman owned

Registrant's DUNS: _____ → Company Name: _____
____ Non-Profit Institution _____ 8(a) Program Participant Firm _____ Small Disadvantaged Business
____ Educational Institution _____ Provide Services _____ Veteran Owned
____ Historically Black College/University _____ Manufacturer _____ American Indian Owned
____ Other Unlisted Type _____ Surplus Dealer

SEND COPIES OF SOLICITATIONS TO: *If not applicable leave blank.* Indicate all parties to receive copies of solicitations (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____ CAGE Code: _____
Name: _____ Name of Contact: _____
Street: _____ Phone #: (____) _____
City: _____ Int'l Phone #: _____
State/Province: _____ Fax #: (____) _____
Postal Code: _____ Email: _____ EDI Capable: YES or NO

PARTY SUBMITTING QUOTES: *If not applicable leave blank.* Enter information about the parties authorized to submit quotes on behalf of the registering party (if address is different from registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____ CAGE Code: _____
Name: _____ Name of Contact: _____
Street: _____ Phone #: (____) _____
City: _____ Int'l Phone #: _____
State/Province: _____ Fax #: (____) _____
Postal Code: _____ Email: _____ EDI Capable: YES or NO

PARTY RECEIVING PURCHASE ORDER: *If not applicable leave blank.* Enter all parties to receive purchase order (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____ CAGE Code: _____
Name: _____ Name of Contact: _____
Street: _____ Phone #: (____) _____
City: _____ Int'l Ph. #: _____
State/Province: _____ Fax #: (____) _____
Postal Code: _____ Email: _____
Country: _____

→ **GOODS AND SERVICES: REQUIRED** (Refer to section 5 of FECAI). Call D&B at 1-800-333-0505 If unsure of your SIC Codes.

List all Standard Industrial Classification Codes (SIC) or SIC2+2 Codes for the registrant (At least one is required)

List all Federal Stock Classification (FSC) and Product Service Codes (PSC) for the registrant.

→ **FINANCIAL INFORMATION: REQUIRED.**

Registrant's Accounts Receivable Contact. (Required whether paid by check or Electronic Funds Transfer (EFT))

Contact: _____ Fax #: (____) _____
Phone #: (____) _____ Email: _____
Int'l Phone #: _____

Registrant's DUNS: _____ → Company Name: _____

If paid by check, complete the following information for the check mailing address.

Name of Location: _____ State/Province: _____
Street: _____ Postal Code: _____
City: _____ Country: _____

Alternate address if you want remittance advice sent separate from payment. Identify your financial service provider/alternative destination and their DUNS.

Financial Service Provider: _____ DUNS: _____

If payment by EFT, complete the following information for each EFT account. Multiple iterations accepted, make as many copies as necessary.

Financial Institution: _____

ABA Routing/Transit ID #: _____

Select type and enter corresponding account number and name.

Type of account (One): Checking ____ Savings ____ or Lock Box ____

Account # : _____ Account Name: _____

Automated Clearing House (ACH) coordinator for financial institution (Refer to section 4 of the FECAI)

Phone #: (_____) _____

Fax #: (_____) _____

Int'l Phone #: _____

Email: _____ (Financial Institution's)

payment formats that apply. (Contact your bank for assistance)

ACH *Demand* Corporate Trade Exchange (CTX) Credit (ACH-DXC) _____

ACH *Savings* Corporate Trade Exchange (CTX) Credit (ACH-SXC) _____

Electronic Data Interchange (EDI) PARAMETERS: If not applicable leave blank. If EDI Capable, contact your Value Add Network (VAN) or Value Added Service (VAS) for assistance. (Refer to section 3 of the FECAI)

EDI Systems Media Capability (one): Point to Point ____ Service Contract Provider ____

Vendor's electronic communication number (e.g. Email address): _____

VAN (or VAS): _____

DUNS No. of VAN (or VAS): _____

EDI Software: _____ (Include Version)

Registrant's DUNS: _____

→ Company Name: _____

EDI CAPABILITIES: *If not applicable leave blank.* If EDI capable contact you VAN for assistance. all appropriate columns. Multiple iterations are accepted. Make as many copies as necessary.

Transaction Sets	Send	Receive	Send/Receive	Version
810 Invoice				
820 Payment Order/Remittance Advice				
824 Application Advice				
832 Catalog				
836 Award Notice				
838 Trading Partner Profile				
840 Request for Quotation (RFQ)				
841 Technical Information				
843 Response to Request for Quotation				
848 Material Safety Data Sheet				
850 Purchase Order or Delivery Order				
855 Purchase Order Acknowledgment				
856 Ship Notice				
860 Purchase Order Change				
864 Text Message				
865 Purchase Order Change Acknowledgment				
869 Order Status Inquiry				
870 Order Status Report				
997 Functional Acknowledgment				

EXAMPLE				EXAMPLE
840 Request for Quotation (RFQ)				002003 - APADE
843 Respond to Request for Quotation (RFQ)				002003 - ITEMP
850 Purchase Order or Delivery Order				003010 - SAACONS
997 Functional Acknowledgment				003040

→ ACKNOWLEDGMENT & ACCEPTANCE

Signature of Person accepting Federal Electronic Commerce Acquisition Registration Instructions (FECAI):

→ _____ Date: _____

Signature of certifying official, acknowledging that the information provided is current, accurate, and complete as of the date of this submission:

→ _____ Date: _____

REGISTER YOURSELF ON-LINE AT: <http://www.acq.osd.mil/ec>

OR MAIL COMPLETED FORM TO: CCR
(Be sure to keep a copy PO BOX 5547
for your records) De Pere, WI. 54115-5547

OR FAX TO: 1-888-CCR-8457